

# Household Information Instructions

## **Who counts as a family member living in the home?**

- Parents, spouse, stepparents, or caregiver relatives who live with a child who is enrolled in the Program
- A minor living on his or her own
- Unborn child
- All children under age 21 living in the home
- All children under age 21 away at school and claimed as tax dependents

**Note:** A person receiving SSI/SSP payments is not counted as a family member.

## **What income counts?**

- Earnings from a job
- Self-employment net profits
  - If a person is self-employed, last year's federal income tax return (including the Schedule C) or the last 3 month's profit and loss statements are required. Depreciation and meals/entertainment expenses will be added back to net profits.
- Child support
- Alimony/Spousal Support
- Pension and retirement benefits
- Government benefits such as Social Security, Retirement Survivor Disability Insurance (RSDI), Veterans, Disability, Workers' Compensation, Unemployment, etc.
- Other income such as: grants for living expenses, settlement benefits, net profit from rentals, gifts, lottery/bingo winnings, interest income

## **What income does NOT count?**

- Earnings from a job of a child under age 14 or a child who attends school
- Supplementary Security Income/State Supplementary Program (SSI/SSP) Payments
- Foster Care Payments
- CalWORKS payments (replaces AFDC)
- General Relief
- Certain other government benefits
- Grants or scholarships
- Loans
- College Work Study

**Note:** W2 forms are not acceptable as a form of income documentation.

## **Acceptable Income Documents:**

- Copy of the most recent pay stub. An acceptable pay stub includes the gross pay and tax deduction amounts. If a pay stub is not available, get a signed statement from your employer. Gross monthly income and the dates received should be on the statement.
- Copy of last year's federal income tax return

## **Other proof of income you may send:**

- If a person has income such as disability or retirement, send copies of current year award letters or last month's bank statements showing the direct deposits.
- If anyone gets child support and/or alimony or spousal support, send copies of the checks received or statements from the District Attorney's Family Support Division, for the last month.
- A Medi-Cal "Share-of-Cost-Notice of Action" received within the last 2 months which shows the child has share-of-cost may be used if it lists your income.

## **Deductions**

The income deductions help us determine what amounts we may use to lower your family's income. If anyone receives child support and/or alimony or spousal support, send copies of the checks received or statements from the District Attorney's Family Support Division for the last month. Also, send copies of receipts or cancelled checks for child or dependant care expenses paid during the last month.

## **What is Medi-Cal?**

Medi-Cal offers no-cost comprehensive health, dental and vision services to individuals. If your family income is below the Healthy Families guidelines, the person(s) may be eligible for no-cost Medi-Cal. If you authorize us, we will forward your information to Medi-Cal if the person(s) does not qualify for Healthy Families.

## **Medi-Cal Privacy Notice**

Federal and State law requires us to provide the following information: Welfare and Institutions Code §14011. Requires Medi-Cal applicants to provide the information requested in this application. It may be shared with federal, state and local agencies for purposes of verifying eligibility, and for verification of the immigration status of those persons seeking full scope Medi-Cal benefits. (Federal law says the INS cannot use the information for anything else except cases of fraud.) It will also be used to process Medi-Cal claims and make Benefits Identification Cards (BICs). Failure to provide the required information may result in denial of the application. Information required by this form is mandatory. Social Security numbers are required by §1144(a)(1) of the Social Security Act unless applying for emergency or pregnancy benefits only.

If you have any questions or would like the location of a Certified Application Assistant in your area, call 1-866-848-9166, Monday - Friday, 8:00 A.M. - 8:00 P.M, and 8 A.M. to 5 P.M. on Saturday. A Certified Application Assistant will help you with these forms at no cost.

# Add a Person Form Instructions

## SECTION 1

### Question 1

Write your name, home phone number, and work number so that we may contact you if we have questions.

### Question 2

Write your Family Member Number. You can find this number above your name and address on any Healthy Families letter.

## SECTION 2

Answer questions 3-17 for each person or unborn child you want to add to Healthy Families. See the **Household Information Instructions** for a list of family members you can add.

If you are applying for an unborn child, tell us all the information you know at this time in column 1. Coverage for the unborn child will begin 13 days after Healthy Families receives documentation of the child's birth. To add more than 4 persons, photocopy both pages of the application.

### Question 4

Answer this question if it is different from the answer for Question 3. For example, a person who goes by "Willie" may have the birthname "William".

### Question 5

Write each person's complete address including street number and name, apartment number, city and zip code, if it is different from your address.

### Question 6

How is each person related to you? **For example:** daughter, stepchild, nephew, etc.

### Question 9

Write the place of birth for each person. If born in California, write the name of the county. If born outside of California, write the name of the state. If born outside the United States, write the name of the country.

### Question 10

Use the chart below question 10 to find the person's ethnic code number or letter. Giving an ethnic code is optional unless the person is an American Indian or Alaska Native.

### Question 11

Immigration information we get as part of this form is private and confidential. The State will use this information only for eligibility determination and program administration (see the Privacy Notice **on the Important Note Regarding Healthy Families** more information).

Healthy Families does not collect information on the immigration status of parents/guardians who are not seeking health coverage for themselves. The Healthy Families program cannot and will not provide information on the immigration status of such parents to the INS or use immigration information to demand or collect repayment from recipients for services lawfully received.

Many immigrants can qualify for Healthy Families. The person(s) must be an eligible qualified alien. The **Healthy Families Handbook** explains which immigrants may be eligible and lists different types of immigration status.

### Question 12

- Social Security numbers are **not required** for Healthy Families. However, if the person(s) is found ineligible for Healthy Families and you want him or her to be considered for Medi-Cal, you may need to provide a Social Security number(s) for the person(s) later.
- For information on how to apply for a Social Security number, please call the Social Security Administration toll-free at **1-800-772-1213**.

### Questions 13 and 14 (required for children)

Write the name of the person's mother and/or father. If the mother and/or father is the same for all other persons, write his or her name for the first person, and write "same" for the other person(s). If necessary, the father's name may be left blank.

### Question 15

If the person had or now has **no-cost Medi-Cal** and the county sent a notice stating that the person now has or will have Medi-Cal with a **share-of-cost**, check "yes." Give the date the no-cost Medi-Cal coverage will end. You should also include a copy of the notice.

### Question 16

If the person currently has health, vision, and/or dental coverage, check "yes," and check the type(s) of coverage.

### Question 17

If the person had employer-sponsored insurance in the last 90 days, check "yes." If the person still has employer-sponsored health insurance, he or she will not be eligible for Healthy Families unless he or she will be losing coverage due to one of the exceptions noted.

## SECTION 3

### Question 18

Write the amount of monthly countable income that the person receives. If the person does not receive income, leave blank.

### Question 19

- Write the amount of countable income that you (the applicant) receive. Write where you receive it from (for example: job, retirement, etc.), how often, and how you are related to the person(s) applying for Healthy Families.
- If there is another adult in your family, write the amount of countable income that he or she receives. Write where he or she receives it from and how he or she is related to the person(s) applying for Healthy Families.
- See the **Household Information Instructions** for a list of what income counts and acceptable income documentation.

## Add a Person Form Instructions (continued)

### Question 20

We will deduct certain expenses from your family's income. We will deduct payments, up to the maximum noted on the **Add a Person Form**, for child care and/or disabled dependent care if the payments are made by a parent of the child or spouse of the dependent, and the parent/spouse is working or in job training and no one in the home can provide care. We will also deduct court-ordered alimony/spousal support or child support that you pay.

### Question 21

If anyone in your household is pregnant, check "yes" and write the pregnant person's name in the space provided.

### Question 22

- Sign in the space provided if you would like this form to be treated as a Medi-Cal application in case a person(s) on this form is not eligible for the Healthy Families Program.
- After signing, go to Question 12 on the form. Write the Social Security Number(s) for any person who may qualify for Medi-Cal coverage.
- For information on how to apply for a Social Security number, please call the Social Security Administration toll-free at 1-800-772-1213.

## Important Note Regarding Healthy Families

### Healthy Families Declarations

#### ***I declare that each person I am applying for:***

- is a resident of California.
- is not in jail or in a mental hospital.
- is not eligible for Medicare Part A and Part B.
- is not a member of a family that is eligible for any California Public Employees Retirement System Health Benefits Program(s) or is eligible for a California Public Employees Retirement Health Benefits Program but the employer contribution for dependent(s) is less than \$10.

#### ***I further declare that:***

- All individuals listed on this application will abide by the rules of participation, the utilization review process and the dispute resolution process of the participating plans in which the individual is enrolled.
- I have read and understand the Healthy Families Handbook. I understand what it says about each health, dental, and vision plan and the benefits they offer.

- I am applying for all of my children eligible for Healthy Families, unless they are already enrolled, or I am 18 years old or a minor and applying for myself.
- I agree to pay 6 monthly premiums. If I do not pay the premiums, I will be taken off the program and cannot participate again for 6 months. I will have to pay for any Healthy Families services I use in the last month after coverage ended.
- I give permission to Healthy Families to check my family income, health coverage, immigration status of the people I am applying for, and all other facts on this application.
- I agree to notify the program within 30 days of any change of address of any person applied for who is accepted into the program and any change in the applicant's home or mailing address.

### Privacy Notice

The Information Practices Act of 1977 and the Federal Privacy Act require the Healthy Families Program to provide the following notice to individuals who are asked by Healthy Families to supply information:

Personal and medical information requested is for subscriber identification and program administration purposes only. Program regulations under Title 10, CCR, Section 2699.6600 require that every individual furnish certain information when applying to the Healthy Families Program. Subscriber's information may be shared with State and local agencies involved in the administration of health programs. Information (including immigration status) about persons who do not become subscribers, will be used only for purposes of eligibility determination and program administration. Failure to furnish this information may result in delays in eligibility determination as the application will be incomplete.

The following information on the application is not mandatory: social security number, ethnicity information (unless the subscriber is a Native American Indian) and any other item marked voluntary or optional. An individual has a right to access records containing his/her personal information that are maintained by the Managed Risk Medical Insurance Board. The official responsible for maintaining the information is the Deputy Director of Eligibility and Enrollment, Managed Risk Medical Insurance Board, P.O. Box 2769, Sacramento, California 95812-2769, (916) 324-4695.

### Resolving Disputes

If you enroll in certain plans you agree to have certain claims (which may include medical malpractice claims) decided by neutral binding arbitration. Members give up their right to a jury or court trial. The Healthy Families Handbook has information about each plan and the arbitration requirements. You may call the plans you choose to find out more.